

EPD #182 Revised 2/2009

## **EUREKA POLICE DEPARTMENT**

## APPLICATION FOR RIDE-ALONG PROGRAM

Name:(First) (M	fiddle) (Last)	Birth date:	Driver's License #:
Home Address:			
Occupation:		Employer:	Phone:
Student: Yes No	If Yes, School:		Grade:
In case of emergency, notify:	:(Name)	(Address)	(Phone)
Have you ever participated in the Ride-Along Program with Eureka Police? Yes No If yes, Date:			
How did you hear about the program: Relative Friend Eureka Police Officer Other			
Reason for riding:			
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE AND TO IDEMNIFY AND HOLD HARMLESS  Notice: Read this document completely before signing.  Whereas the undersigned being (under) (over) the age of eighteen, and not being a member, employee, or agent of any law			
enforcement department, has made a voluntary written request for permission to ride as an observer in a Eureka Police Department vehicle at a time when such vehicle is operated and manned by members of the Eureka Police Department, and has further requested permission to accompany a member of said department during the active performance of his/her official duties as a Police Officer;			
Now, therefore, in consideration of the granting of the foregoing permission to ride with and accompany Officers of the Eureka Police Department, the undersigned jointly and severally agree to and shall indemnify and hold harmless the City of Eureka, its officers and agents, from all suits or actions of every name and description brought for, or on account of injuries or damages received or sustained by the undersigned while riding with or accompanying Eureka Police Department officers while in the performance of their duties.			
Signed:			Date:
Parent or Guardian (if under	18):		
Based on the number of interested persons, priority to participate in this program is reserved for residents of Eureka and first-time Ride-Alongs.			
FOR DEPARTMENT USE ONLY			
Approved:	_ Date Scheduled:	Time:	Officer Assigned: